

# Kent, Surrey and Sussex (KSS) Quality Team

## Newsletter - October 2019



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### Welcome to the third edition of the KSS Quality Team newsletter.

What's in this edition:

- Welcome to our October newsletter
- GMC National Training Survey (NTS)
- What I do - Professor Graeme Dewhurst
- Sharing good practice - KSS Paediatrics
- GMC Quality Assurance Processes
- Contact details

### Welcome to our October Newsletter

Summer is starting to feel like a distant memory, but Autumn brings the feeling of fresh opportunities with the start of a new academic year. For the KSS Quality team, it's a busy time to start planning with our stakeholders, our quality interventions and improvement support for the forthcoming academic year.

Thank you for your continued support with this; the operational planning of interventions is always time consuming, but we are certainly seeing the benefit of taking a holistic approach. Ensuring that we can give as much notice as possible and discuss availability of key personnel at the planning stage makes the process meaningful for all.

If you would like a refresher on the changes to the processes we are trialling this year please do look at the Summer edition of the newsletter, or if you would prefer using technology Graeme and I produced a [short video](#) highlighting key outcomes of the 2019 GMC NTS, which may be of interest.

As ever, your support and feedback are greatly appreciated as we all strive to ensure that KSS is a top choice for trainees of all professions to start or enhance their careers.

I hope that you find this edition informative and please do let us know if there is something you would like to showcase – so much great work happens in KSS and this is one forum to share it.

**Liz Fidler**  
**Associate Dean - Quality**

**Developing people for health and healthcare**

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# GMC National Training Survey 2019 Summary

The 2019 GMC National Training Survey ran from 19 March to 9 May 2019; over those seven and a bit weeks 99.8% of our trainees and 48% of our trainers completed the survey. We would like to thank those that took the time to complete it, along with everyone that helped support and promote the survey. Due to this strong response rate we have a good data set which is vital to ensuring the quality of education and training within our local education providers.

We have been working hard exploring and analysing the results of the survey, along with correlating it with existing concerns and areas of good practice. Throughout July we met with our Heads of School and County Deans to further explore the results, all information gathered was taken to a Quality Interventions Planning Meeting at which we formed our list of agreed quality interventions for 2019-20. Here are a few key headlines from the results:

**6 KSS programmes are ranked in the top four of the country.**



**13 programmes (at trust level) have been identified for having an indicator as an above outlier for three years or more.**

**13 KSS programmes are ranked in the bottom four of the country.**

**Improvements in the trainees' survey in Local Teaching, Regional Teaching and Rota Design.**

**Trainee Overall Satisfaction ranking = 15 of 18.**

**Improvements in the trainers' ranking of several indicators including Supportive Environment, Curriculum Coverage and Educational Governance.**

**6 programmes (at trust level) have been identified for having an indicator as a below outlier for three or more years.**

**Feedback on below outliers from trusts is being reviewed by our team with the County Deans and Heads of School to give us assurance that actions have been taken to investigate concerns raised through the survey.**



**All trusts received a letter from Postgraduate Dean informing them on the areas of good practice shown through the survey results and where, if relevant, we plan to support the trust through a HEE KSS quality intervention taking place.**

**22 low level concerns (Intensive Support Framework Category 1) identified, these are being managed by the relevant Head of School who reports progress back to the Quality Team.**

**21 quality interventions agreed for 2019-20 and currently being organised by the team.**

We look forward to supporting our Local Education Providers by working in partnership to resolve issues and enhance education provision, ensuring our trainees are well supported and contribute to effective patient care. Quality improvement is our aim and we look forward to being able to share the good practice that is learnt along the way.

**Heather Haynes**  
**Quality Support Manager (Reporting and Regulation)**

## What I do - An Interview with Professor Graeme Dewhurst



**For the second in our series of 'What I do' articles, we asked Professor Graeme Dewhurst, Regional Postgraduate Dean South East & Co-Chair HEE Postgraduate Deans, to tell us about his role.**

### **How long have you been a Postgraduate Dean?**

I was appointed as Postgraduate Dean for KSS four years ago and in July this year I was appointed as Regional Postgraduate Dean for the South East of England.

### **How did you get into this role?**

Ever since I was a junior doctor I have really enjoyed teaching and supporting other doctors and other healthcare professionals to develop their roles, so when I became a Consultant Physician in Chichester I took on the role of Clinical Tutor, Undergraduate Tutor and subsequently became Director of Medical Education in 1995. Since then I have maintained a passion for teaching and education. I became an examiner for the Royal College of Physicians (RCP) and then the Senior Examiner for the RCP London for four years during which I was Head of the Clinical Examinations. At the same time I developed my role in what was then the deanery; I became an Associate Dean and then Head of School of Medicine in KSS in 2007.

### **Congratulations on your recent appointment as Regional Postgraduate Dean for South East. What changes has this meant for your role?**

One of the most important roles as Postgraduate Dean is overall responsibility for the Quality

Management of training across the region. So my new role is mainly about having more of an overview of the key Quality Management of training and other issues in Wessex and Thames Valley as well as KSS and working with my fellow Postgraduate Deans to make sure the senior team in our region are fully aware of the hot topics and best practice in medical and healthcare education, but also bringing a multi-professional perspective to the developments across the region as well.

It is clear that there are some fantastic practices across our region, so this role means helping to address some of the shared challenges across the South East by sharing this good practice and discussing ideas and problems amongst a wider team which is always a good thing to do. The role has meant I have become more engaged with the wider picture.

I have also become Chair for Postgraduate Deans across England, which gives me a national awareness of the big issues and challenges. This role will help to bring consistency to both the regional roles and the approach for postgraduate medicine, which is a good thing because trainees expect a similar offer in terms of their support and their requirements across England - wherever they are based. One of the challenges of my new role is to help develop that consistency and to share the really great innovative practices that I am constantly exposed to.

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## What I do - An Interview with Professor Graeme Dewhurst continued...

### **What might a typical working week as Regional Postgraduate Dean look like?**

A typical week would usually involve meetings both across the South East and in London, phone calls, and reading of papers, publications and new ideas to factor into our everyday work. My role is incredibly varied, meaning there is no set routine to my week – no two days or even two hours are the same! I think this variability is the aspect that people would find most surprising about my role. There are constantly new problems and challenges to think about and overcome-but the good news is that within HEE there is always someone who can provide good advice and support for even the most challenging and unusual of issues!

### **What do you find the most interesting part of your role?**

Undoubtedly being able to meet trainees and students who are experiencing challenges and helping to suggest ways to deal with these—especially when weeks, months or even years later I can see that things have been resolved and people are much more positive. That gives a

fantastic sense of worth about what we do at HEE. The really important message is that high quality healthcare education leads to high quality patient care and outcomes—the ultimate goal for all of us working in the NHS.

The difference you make as postgraduate dean can sometimes be immediate—if you can solve a problem quickly that's great - but often the problems presented can take a lot of work from a lot of people across the system to resolve and that can be a slow change, but nonetheless really important and to see that change a year or two later is incredibly satisfying.

I hugely enjoy working with colleagues in meetings and chairing meetings. Harnessing the fantastic ideas, energy and positivity that my colleagues bring to meetings is always stimulating and makes coming to work a joy. I could never contemplate feeling bored because the work is fascinating and so rewarding.

As to the future, I am really looking forward to the outputs from the People Plan currently being developed and contributing to HEE's important part in making our fantastic NHS even better.



We would like to share examples of good practice which enhance trainee doctors' educational experiences within KSS Trusts. In this edition, Dr Magali Dubus and Dr Olatokunbo Sanwo, Paediatric ST5 trainees in KSS, tell us about their work, supported by Dr Shaveta Mulla, on improving trainee wellbeing.

### **AN EPIC INTERVENTION: Creating a peer support network & positive feedback system to improve junior doctor morale.**

Burnout is increasingly recognised as a problem among junior doctors; contributing to low morale, physical and mental health issues as well as patient safety issues and increased staffing costs due to sickness. There are various regional and national initiatives to support doctors, however local support is variable. Paediatric and neonatal doctors often work in isolation from other specialities, rarely getting the opportunity to share experiences and discuss difficulties with colleagues. We aimed to lead a regular peer-led meeting discussing positive and negative aspects of training, allowing colleagues to come together to solve problems. We also aimed to improve the amount of positive feedback given within the department.



To do this we introduced a monthly peer-led meeting called "Holding Hands" with a set agenda addressing both positive and negative aspects (clinical and non-clinical) of working life, inviting all paediatric and neonatal junior doctors. A dedicated consultant, who helped develop the project, provide support and promote the project; also attended one meeting every three months. In conjunction with this we introduced Encouraging Praise in Colleagues (EPiC), a formal positive feedback system, where members of the healthcare team were encouraged to provide feedback on examples of good clinical and personal practice. Data on EPiC were collated via the nomination system. We distributed a modified Copenhagen Psychosocial Questionnaire at the start of the project and after 6 months of Holding Hands meetings.

Likert scales were used to measure a number of outcomes. In comparison to the pre-meeting questionnaire less people felt there was an uneven distribution of work, while more people felt supported by colleagues, motivated, involved in work and that they had positive feedback from seniors. 88.9% knew where they could find support for an emotionally challenging situation. EPiC was widely accepted in the department, reflected in the increasing number of nominations which grew to involve the whole multidisciplinary team. What we found even more encouraging was the qualitative feedback with comments such as "it's nice to know someone cares" and that after a few months of meetings some people would choose to attend on their days off even bringing their young children along.



EPiC was such a success that it has been adopted by other specialities and is in the process of being implemented trust-wide, while Holding Hands meetings have been started by a number of other specialities including A&E and ophthalmology.

In order to deliver high quality and excellent levels of patient care, we have a responsibility to look after our own and our colleagues' wellbeing. Holding Hands and EPiC have provided a safe, supportive atmosphere for trainees to develop and improve resilience, equipping them with the emotional skills to be able to handle the pressures of clinical work while embedding a culture of positive feedback and community within the team.

We would like to thank Dr Magali Dubus and Dr Olatokunbo Sanwo for taking the time to share their work.

If you have an example of good practice that you would like to share please contact:  
[sarah.stanbridge@hee.nhs.uk](mailto:sarah.stanbridge@hee.nhs.uk).

# Assuring the Assurers - GMC Quality Assurance Process

Somebody notable (I am sure!) once said 'everybody has a boss'. This provides some reassurance that all of us, in whatever capacity we work, need to provide assurance that we are carrying out our roles and responsibilities appropriately.

I thought it may be useful, through this and future editions, to share how the KSS Quality Team provide assurance at both a regulatory and professional level to all our systems partners.

Ensuring that decisions are robust, sustainable and equitable across a regional and national geography is core to our approaches. In addition to that, it has always been the vision of the team to ensure that the work we undertake is meaningful and will make a supportive difference. It has never and will never be about a checklist!

**Liz Fidler**

**Associate Dean - Quality**

## Our mission statement:

We are committed to supporting the implementation of education standards in clinical learning environments as defined in the [HEE Quality Framework](#).

Learners have a right to expect safe, good quality education from their clinical placements.

## Strategic ambition 1:

To provide evidence-based quality management processes that enable transformation and sharing of best practice.

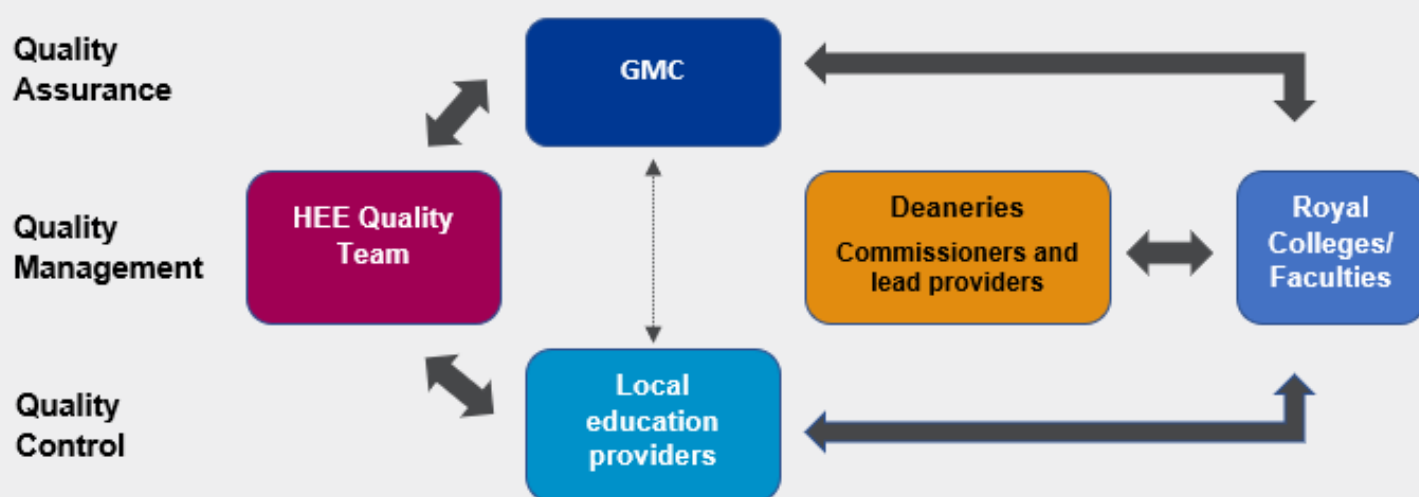
## Strategic ambition 2:

To contribute to wider quality management systems enabling sharing of intelligence to promote learning opportunities.

Part of my role is to engage with regulators and Arm's Length Bodies (ALB) to provide the assurance that we are achieving our key ambitions and meet requirements from a range of external partners.

This first article in this series will focus on the role we have working in partnership and for the General Medical Council (GMC) to ensure the quality of education for medical professionals.

Health Education England has a regulatory function in legislation to act as the GMC agents to ensure trainees are meeting their educational and professional standards. HEE ensure these standards are met by utilising the [HEE Quality Framework](#) as the tool to ensure multi professional standards for education and training are adhered to in the clinical learning environment.



As a local team we spend a significant proportion of our summer, analysing raw data from the annual National Training Survey (NTS). This is the main survey tool that the GMC produces to provide an overview of education and training across the UK.

Once we have supported a return the KSS Quality Team will produce various reports, cut in many ways to support an evidence base to our proposed forthcoming quality interventions. This year each trust has been sent a report – hopefully this will support a system view of what is working well within the organisation and what are common themes across specialities which may require a more strategic approach.

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## Assuring the Assurers - GMC Quality

### Assurance Process continued

Throughout the process the KSS Quality Team work with GMC to assure them of our intended actions and how we have made the decisions. It will come as no surprise that in KSS we have a range of reporting registers and our own external multi professional Quality Management Oversight Group to ensure governance and robust decision making. All of these are shared and discussed with the GMC to provide them with an evidence base for the decisions we are making regarding identified risks to education and notable practice.

The GMC has recently reviewed its [processes](#) for seeking assurance.

The KSS Quality Team will be required to complete self-assessment documents which will outline all our assurance processes and outcomes. This will be peer reviewed and then requests for evidence submitted for approval every year for five years. During a four-year cycle there will be on-going meetings to ensure that there is a standardised approach to interventions across the UK.

In addition to ongoing monitoring there is a positive emphasis to share practice across quality teams and Deaneries.

So, be assured that we are all working within a governance programme to support enhancing the educational quality of the clinical learning environment and the KSS Quality Team really do understand the time and value of pulling together evidence to support demonstrating robust evidence-based governance and decisions.

### Staffing Update



Denise Redford, who has been a valued member of the Quality Team since its inception, moved to a new role on 16 October 2019.

We would like to thank Denise for being integral to the team's service and to wish her well in her new role.

## Quality Team

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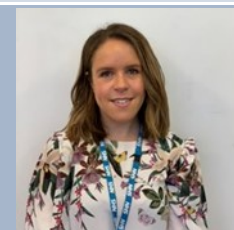
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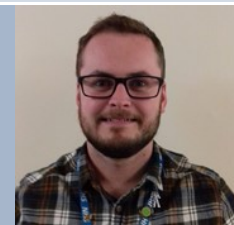


### Tim Chipperfield

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**Over to you... what would you like to see in future editions?**

We would welcome your suggestions - please do send your feedback and ideas to [sarah.stanbridge@hee.nhs.uk](mailto:sarah.stanbridge@hee.nhs.uk)

The fourth edition of our newsletter will be due in January 2020.